

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/597482		FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52	/					
3							53	/					
4							54	/					
5							55	/					
6							56	/					
7							57		6				
8							58		6				
9							59		6				
10	/						60		6				
11							61		6				
12							62		6				
13							63		6				
14							64		6				
15							65		6				
16							66		6				
17							67		6				
18	/						68		6				
19	/						69		6				
20							70		6				
21							71		6				
22							72		6				
23							73			/			
24							74			/			
25							75			/			
26							76		/				
27							77			/			
28	/						78			/			
29							79		/				
30							80			/			
31							81			/			
32							82			/			
33							83			/			
34							84		/				
35							85		/				
36							86		/				
37	/						87		/				
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	20	↓	7	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	104	←	8	←		←
TOTAL CLAIMS							TOTAL CLAIMS	124		15			

PTO - 1360 (REV. 11/04)

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